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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10789298 | <b>Applicant(s)/Patent Under Reexamination</b><br>ZHAO ET AL. |
|   | <b>Examiner</b><br>SAM BHATTACHARYA        | <b>Art Unit</b><br>2617                                       |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                  |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                  | NON-CLAIMED |  |  |  |  |  |  |  |
| 370                       |  | 349      |  |  |  | H                            | O | 4 | L | 12 / 56 (2006.0) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
| 455                       | 518                                      |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                  |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        |       | 17       | 23    | 33       |       |          |       |          |       |          |       |          |       |          |
|   | 2        | 12    | 18       | 24    | 34       |       |          |       |          |       |          |       |          |       |          |
| 2   | 3        | 13    | 19       | 25    | 35       |       |          |       |          |       |          |       |          |       |          |
| 3   | 4        | 14    | 20       | 28    | 38       |       |          |       |          |       |          |       |          |       |          |
| 4   | 5        | 15    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 6        |       | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 7        |       | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        | 16    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 9        | 17    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 10       |       | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 11       | 18    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 12       | 19    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 13       |       | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 14       | 20    | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 15       | 21    | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 16       | 22    | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE   |        | <b>Total Claims Allowed:</b><br>26 |                   |
| (Assistant Examiner)                                 | (Date) | 9/28/09                            |                   |
| /SAM BHATTACHARYA/<br>Primary Examiner Art Unit 2617 |        | O.G. Print Claim(s)                | O.G. Print Figure |
| (Primary Examiner)                                   | (Date) | 1                                  | 1                 |